

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE AUTHORIZING THE USE OF SEALED SOURCES IN PORTABLE GAUGES OR XRF DEVICES

Department of Health and Family Services is requesting disclosure of information. Completion of this form is required to obtain a Radioactive Material License. Failure to provide all requested information may result in denial or delay of a Radioactive Material License.

Instructions – Complete all items. Refer to WISREG “Guidance for Portable Gauges or XRF Devices” for additional information. Use supplementary sheets if necessary. Retain a copy and submit the original of the entire application to the Department of Health and Family Services, Radiation Protection Section, P.O. Box 2659, Madison, WI 53701-2659. Telephone (608) 267-4797 Fax (608) 267-3695

APPLICATION TYPE

Item 1 Type of Application (Check one)

☐ New License ☐ Renewal License Number _____ ☐ Amendment License Number _____

CONTACT INFORMATION

Item 2 Applicant - Name and Mailing Address

Item 3 Contact Person – Name

Applicant - Telephone Number (Include area code)

Contact Person - Telephone Number (Include area code)

LOCATION OF RADIOACTIVE MATERIAL

Item 4 List all address(es) where radioactive material(s) will be used or possessed. Attach additional pages if necessary.

	Address (Do not use Post Office box)	Telephone Number (Include area code)
<input type="checkbox"/> Used <input type="checkbox"/> Stored <input type="checkbox"/> Used/Stored		
<input type="checkbox"/> Used <input type="checkbox"/> Stored <input type="checkbox"/> Used/Stored		
<input type="checkbox"/> Used <input type="checkbox"/> Stored <input type="checkbox"/> Used/Stored		

Are portable gauge devices and/or portable XRFs used at temporary jobsites?: ☐ Yes ☐ No

RADIATION SAFETY OFFICER

Item 5 Radiation Safety Officer (RSO) (Attach evidence of training and experience and check one box)

Name – Radiation Safety Officer

Telephone Number (Include area code)

- ☐ Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in the Criteria section entitled “Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer” in the WISREG “Guidance for Portable Gauge Devices or Portable XRFs.” Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in the Criteria section entitled “Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer”, WISREG “Guidance for Portable Gauge Devices or Portable XRFs.”

Or

- ☐ Alternative information demonstrating that the proposed RSO is qualified by training and experience is attached. Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in the Criteria section entitled “Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer”, WISREG “Guidance for Portable Gauge Devices or Portable XRFs.”

AUTHORIZED USERS**Item 6 Training for individuals working in or frequenting restricted areas (check one)**

- ☐ Before using radioactive material, authorized users will have successfully completed one of the training courses described in the Criteria section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."

NOTE: If using an in-house training program, submit copy of course content, sample course examination and course instructor qualifications.

Or

- ☐ Documentation of the training and experience for the proposed gauge user(s) is attached.

RADIOACTIVE MATERIAL**Item 7 Radioactive Material** (Attach additional pages if necessary)

Element and mass number	Chemical and physical form SEALED SOURCE
Source manufacturer and model number	Maximum activity per source
Sealed source and device registration sheet number	Device manufacturer and model number
Intended use	

FACILITIES AND EQUIPMENT**Item 8 Facilities And Equipment** (Check box and attach diagram.)

- ☐ Diagrams of radioactive material storage area(s) are attached.

RADIATION SAFETY PROGRAM

Item 9 Radiation Safety Program**Item 9.1 Audit Program**

The applicant is not required to submit its audit program to the department for review during the licensing phase. This matter will be examined during an inspection.

Item 9.2 Termination Of Activities (Check box)

- ☐ We will notify DHFS, in writing, within 30 days of the decision to permanently cease radioactive material use. s. HFS 157.13 (10)(d)

Item 9.3 Survey Equipment (Check one box)

- ☐ We will possess and use a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in WISREG "Guidance for Portable Gauges or XRF Devices."

Or

- ☐ We will submit an alternative procedure for determining source integrity after an incident involving the portable gauge(s). (Procedures are attached)

Or

- ☐ Not Applicable [XRF Device(s)]

Item 9.4 Material Receipt And Accountability (Check one box)

- ☐ We will conduct physical inventories, at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.

Or

- ☐ We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen or misplaced. (Procedures are attached)

Item 9.5 Occupational Dosimetry (Check one)

- ☐ We will maintain, for inspection by DHFS, documentation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10 percent of the allowable limits in s. HFS 157.22.

Or

- ☐ We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor. (Note: Individuals operating portable moisture or density measuring devices must be monitored for occupational exposure to radiation, s. HFS 157.25(2)(a)6.)

Item 9.6 Public Dose

No response is required in this license application; however, the licensee's evaluation of public dose will be examined during an inspection.

Item 9.7 Operating And Emergency Procedures (Check one box)

- ☐ We will implement and maintain the operating and emergency procedures in Appendix H of WISREG "Guidance for Portable Gauges or XRF Devices" and provide copies of these procedures to all gauge or XRF users and at each job site.

Or

- ☐ Operating and emergency procedures will be developed, implemented, and maintained, and will meet criteria in the section entitled 'Radiation Safety Program – Operating and Emergency Procedures' in WISREG "Guidance for Portable Gauges or XRF Devices." (Procedures are attached)
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Item 9.8 Leak Tests (Check one)

- ☐ Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit supplier's instructions.

List Name and License number of organization authorized to perform or analyze leak test (Specify whether DHFS, NRC, or other Agreement State)

Organization Name _____ License Number _____

Note: An alternate organization may be used to perform or analyze leak test, without amending the license, provided the organization is specifically authorized by DHFS, NRC, or an Agreement State.

Or

- ☐ We will perform leak testing and sample analysis and will follow the model procedures in Appendix K of WISREG "Guidance for Portable Gauges or XRF Devices." (Procedures are attached)

Or

- ☐ We will submit alternative procedures. (Procedures are attached)

Item 9.9 Maintenance (Check one)**Routine cleaning and lubrication:**

- ☐ We will implement and maintain procedures for routine maintenance of our gauge(s) or XRF(s) according to each manufacturer's recommendations and instructions.
- ☐ Alternative procedures are attached.

Or

Non-routine maintenance:

- ☐ We will send the gauge(s) or XRF(s) to the manufacturer or other person authorized by DHFS, the NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge(s) or XRF(s).

Or

- ☐ We will provide the information listed in Appendix G of WISREG "Guidance for Portable Gauges or XRF Devices " to support a request to perform this work "in house."

Item 9.10 Transportation

No response is needed during the license process; this issue will be reviewed during inspection.

Item 9.11 Waste Management - Gauge or XRF Disposal And Transfer (Check box)

- ☐ We will transfer the gauge or XRF to the manufacturer for disposal or transfer the device to a specific licensee, authorized to receive radioactive material.

SPECIFIC LICENSE FEE**Item 10 License Fees** (Refer to Wisconsin Administrative Code HFS 157.10)

Category:

License Fee Enclosed

☐ Yes ☐ No Amount Enclosed \$

CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**Item 11**

I hereby certify that this application was prepared in conformance with Wisconsin Administrative Code HFS 157 "Radiation Protection" and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE - Applicant Or Authorized Individual

Date signed

Print Name and Title of above signatory